MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10-815,649**

APPLICANT(S)

FILING DATE

CLAIMS

CLAIMS	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51				3		
2				1				52				3		
3				1				53				3		
4			—					54				3		
5				1				55						
6				1				56						
7				1				57						
8				1				58						
9				1				59						
10				1				60						
11				1				61						
12				1				62						
13				1				63						
14				1				64						
15				1				65						
16				1				66						
17				1				67						
18			—					68						
19				1				69						
20				1				70						
21				1				71						
22				1				72						
23				1				73						
24				1				74						
25				1				75						
26				1				76						
27				1				77						
28				1				78						
29				1				79						
30				1				80						
31				1				81						
32				1				82						
33				1				83						
34				1				84						
35				1				85						
36				1				86						
37				1				87						
38				1				88						
39				3				89						
40				3				90						
41				3				91						
42				3				92						
43				3				93						
44				3				94						
45				3				95						
46				3				96						
47				3				97						
48				3				98						
49				3				99						
50				1				100						
TOTAL IND.	↓		↓		↓			TOTAL IND.			↓		↓	
TOTAL DEP.								TOTAL DEP.			↓	1 / 81		↓
TOTAL CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			TOTAL CLAIMS				82		